

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

NAIC Group Code 3408, 3408 NAIC Company Code 11537 Employer's ID Number 36-4497604
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated/Organized May 23, 2002 Commenced Business January 1, 2003

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan 48912 517-364-8400
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan 48912
(Street and Number, City or Town, State and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Jackie Eddy 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
jackie.eddy@phpmm.org 517-364-8407
(E-Mail Address) (Fax Number)

OFFICERS
Scott Wilkerson (President)
Randolph Rifkin (Secretary)
David Vis (Assistant Secretary)
OTHER OFFICERS

DIRECTORS OR TRUSTEES
Marylee Davis, PhD
Jeannie Hudson
Scott Wilkerson

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Scott Wilkerson Randolph Rifkin David Vis
President Secretary Assistant Secretary

Subscribed and sworn to before me this
27th day of February, 2009

a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0499999 - Premiums due and unpaid from Medicaid entities	196,194					196,194
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13)	196,194					196,194

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
MEDCO PHARMACY REBATES	17,217	17,507	26,019	163,345	163,345	60,743
DATA BANK-PSYCHOTROPIC	130,000	31,477		11,829	11,829	161,447
0199999 - Pharmaceutical Rebate Receivables	147,217	48,984	26,019	175,174	175,174	222,190
Claim Overpayment Receivables						
CLAIMS OVERPAYMENTS	118,702				118,702	
0299999 - Claim Overpayment Receivables	118,702				118,702	
Other Receivables						
MAT CASE RATE	390,316					390,316
0699999 - Other Receivables	390,316					390,316
0799999 - Gross Health Care Receivables	656,235	48,984	26,019	175,174	293,876	612,506

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered	1,837,402	729,308	316,183	274,954	814,900	3,972,747
0499999 - Subtotals	1,837,402	729,308	316,183	274,954	814,900	3,972,747
0799999 - Total claims unpaid						3,972,747
0899999 - Accrued medical incentive pool and bonus amounts						185,286

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
PHYSICIANS HEALTH PLAN OF MID MICHIGAN	INTERCOMPANY PAYABLES	361,985	361,985	
PHYSICIANS HEALTH NETWORK	INTERCOMPANY PAYABLES	376,212	376,212	
0199999 - Subtotal - Individually listed payables		738,197	738,197	
0399999 - TOTAL gross payables		738,197	738,197	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	609,936	1.466	16,534	100.000		609,936
3. All other providers						
4. Total capitation payments	609,936	1.466	16,534	100.000		609,936
Other Payments:						
5. Fee-for-service	1,763,059	4.237	X X X	X X X		1,763,059
6. Contractual fee payments	39,238,306	94.297	X X X	X X X	18,088,859	21,149,447
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	41,001,365	98.534	X X X	X X X	18,088,859	22,912,506
13. Total (Line 4 plus Line 12)	41,611,301	100%	X X X	X X X	18,088,859	23,522,442

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIOR HEALTH	609,936		50,828	
9999999 - TOTAL	Transactions with intermediaries	609,936			

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	<div>NONE</div>					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN OF MID MICHIGAN-FAMILYCARE

2. LANSING, MICHIGAN

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,238								16,238	
2. First Quarter	16,429								16,429	
3. Second Quarter	16,491								16,491	
4. Third Quarter	16,481								16,481	
5. Current Year	16,534								16,534	
6. Current Year Member Months	197,318								197,318	
Total Member Ambulatory Encounters for Year:										
7. Physician	89,453								89,453	
8. Non-Physician	51,281								51,281	
9. Total	140,734								140,734	
10. Hospital Patient Days Incurred	7,697								7,697	
11. Number of Inpatient Admissions	2,641								2,641	
12. Health Premiums Written (b)	46,548,611								46,548,611	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	46,548,611								46,548,611	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	41,611,300								41,611,300	
18. Amount Incurred for Provision of Health Care Services	39,665,782								39,665,782	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE PHYSICIANS HEALTH PLAN OF MID-MICHIGAN FAMILYCARE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2008

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,238								16,238	
2. First Quarter	16,429								16,429	
3. Second Quarter	16,491								16,491	
4. Third Quarter	16,481								16,481	
5. Current Year	16,534								16,534	
6. Current Year Member Months	197,318								197,318	
Total Member Ambulatory Encounters for Year:										
7. Physician	89,453								89,453	
8. Non-Physician	51,281								51,281	
9. Total	140,734								140,734	
10. Hospital Patient Days Incurred	7,697								7,697	
11. Number of Inpatient Admissions	2,641								2,641	
12. Health Premiums Written (b)	46,548,611								46,548,611	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	46,518,611								46,518,611	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	41,611,300								41,611,300	
18. Amount Incurred for Provision of Health Care Services	39,665,782								39,665,782	

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31 , Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Accident and Health, Non-affiliates						
39845	48-0921045	01/01/2008	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS	22,502	
0599999 - TOTAL - Accident and Health, Non-affiliates					22,502	
0699999 - TOTAL - Accident and Health					22,502	
0799999 - GRAND TOTAL - Accident and Health					22,502	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
Authorized General Account, Non-Affiliates												
39845	48-0921045	01/01/2008	WESTPORT INSURANCE CORPORATION	OVERLAND PARK, KS 66201	SSL/A/I	235,026						
0299999 - Authorized General Account, Non-Affiliates						235,026						
0399999 - Total Authorized General Account						235,026						
0799999 - Total Authorized and Unauthorized General Account						235,026						
1599999 - TOTALS						235,026						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8

NONE

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	235	196	139	173	168
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	23				50
9. Experience rating refunds due or unpaid					25
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 10)	10,500,144		10,500,144
2. Accident and health premiums due and unpaid (Line 13)	196,194		196,194
3. Amounts recoverable from reinsurers (Line 14.1)	21,502		21,502
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	644,954		644,954
6. Total assets (Line 26)	11,362,794		11,362,794
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	3,972,746		3,972,746
8. Accrued medical incentive pool and bonus payments (Line 2)	185,286		185,286
9. Premiums received in advance (Line 8)	227,402		227,402
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	1,111,142		1,111,142
13. Total liabilities (Line 22)	5,496,576		5,496,576
14. Total capital and surplus (Line 31)	5,866,218	X X X	5,866,218
15. Total liabilities, capital and surplus (Line 32)	11,362,794		11,362,794
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only					
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri								
27. Montana								
28. Nebraska								
29. Nevada								
30. New Hampshire								
31. New Jersey								
32. New Mexico								
33. New York								
34. North Carolina								
35. North Dakota								
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U. S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CN							
58. Aggregate Other Alien	OT							
59. Totals								

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
•												
	38-2594856	Physicians Health Network					197,040,274				197,040,274	
95849	38-2356288	Physicians Health Plan of Mid-Michigan					(164,672,475)				(164,672,475)	
11537	36-4497604	PHP OF Mid Michigan - FamilyCare					(36,171,395)				(36,171,395)	
	38-3344741	PHPMM - TPA					(9,196,958)				(9,196,958)	
12816	20-5565219	PHPMM - Insurance Company					(1,007,165)				(1,007,165)	
	38-1360584	Sparrow Health System					9,078,104				9,078,104	
	38-3361367	Physicians Health Plans Shared Services					4,929,615				4,929,615	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

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.....
.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.


MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	

APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 210:	

JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 220:	

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However , in the event that your domiciliary state waives the filing requirement , your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason , enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 360:	1 1 5 3 7 2 0 0 8 3 6 0 0 0 0 0 0



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 2 0 5 0 0 0 0 0 		
Document Identifier 205:		
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 2 0 7 0 0 0 0 0 		
Document Identifier 207:		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:		
BARCODE: Document Identifier 420:		
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 3 7 1 0 0 0 0 0 		
Document Identifier 371:		
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 3 7 0 0 0 0 0 0 		
Document Identifier 370:		
APRIL FILING		
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:		
BARCODE: Document Identifier 365:		
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 3 3 0 0 0 0 0 0 		
Document Identifier 330:		
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 2 1 1 0 0 0 0 0 		
Document Identifier 211:		
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION:		
BARCODE: 1 1 5 3 7 2 0 0 8 2 1 3 0 0 0 0 0 		
Document Identifier 213:		

MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
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5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
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7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
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8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
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9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
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10.12 Without Reinsurance Coverage		XXX		XXX	XXX
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